


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90069 043 \*\*\*100.00  
02-15-2005 90019 044 \*\*\*\*50.00

<b>DOCUMENT # F01000002054</b>					
1. Entity Name <b>ROCKEFELLER GROUP DEVELOPMENT CORPORATION</b>					
Principal Place of Business <b>1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020</b>			Mailing Address <b>1221 AVENUE OF THE AMERICAS NEW YORK, NY 10020</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>					
7. Name and Address of New Registered Agent					
Name					
Street Address (P.O. Box Number is Not Acceptable)					
City					
FL Zip Code					
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when registering)					
DATE _____					
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00					
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> Delete			
NAME	GREEN, JONATH N				
STREET ADDRESS	1221 AVENUE OF THE AMERICAS				
CITY-ST-ZIP	NEW YORK, NY 10020				
TITLE	VP	<input type="checkbox"/> Delete			
NAME	CARROLL, STEPHEN R				
STREET ADDRESS	1221 AVENUE OF THE AMERICAS				
CITY-ST-ZIP	NEW YORK, NY 10020				
TITLE	VPDS	<input type="checkbox"/> Delete			
NAME	ROWDEN, GWEN A				
STREET ADDRESS	1221 AVENUE OF THE AMERICAS				
CITY-ST-ZIP	NEW YORK, NY 10020				
TITLE	T	<input type="checkbox"/> Delete			
NAME	TREADWELL, KAREN A				
STREET ADDRESS	1221 AVENUE OF THE AMERICAS				
CITY-ST-ZIP	NEW YORK, NY 10020				
TITLE	SVP	<input type="checkbox"/> Delete			
NAME	JACKSON, ROBERT C				
STREET ADDRESS	1221 AVENUE OF THE AMERICAS				
CITY-ST-ZIP	NEW YORK, NY 10020				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	Senior Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>[Signature]</i></u> Vice President 1/20/05 212-262-2004					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

50030908



01202005 Chg-P CR2E034 (10/03)

4. FEI Number  
13-2950325

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME GREEN, JONATH N  
STREET ADDRESS 1221 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE VP ☐ Delete  
NAME CARROLL, STEPHEN R  
STREET ADDRESS 1221 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE VPDS ☐ Delete  
NAME ROWDEN, GWEN A  
STREET ADDRESS 1221 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE T ☐ Delete  
NAME TREADWELL, KAREN A  
STREET ADDRESS 1221 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE SVP ☐ Delete  
NAME JACKSON, ROBERT C  
STREET ADDRESS 1221 AVENUE OF THE AMERICAS  
CITY-ST-ZIP NEW YORK, NY 10020

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Senior Vice President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #